IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of le or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaig Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only

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January 3, 2019

Date

| Iowa Governor's Office | | | |
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| Name of Department or Office 1007 E Grand Ave Des | Moines, IA 50319 | | |
| Mailing Address Cit | | | |
| 515-281-5211 Area Code & Telephone No. | | | |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE | 5 | | |
| Michael Boal | | | |
| Name | | | |
| Mailing Address (if different from above) | City, State, Zip (if different from above) | | |
| michael.boal@iowa.gov | | | |
| Email Address | Area Code & Telephone Number (if different from above) | | |
| Alicia Kamran Name 325 Thornhill Rd Norwalk, IA 50211 Mailing Address City, State, Zip Code Area Code & Telephone Number Email Address (optional) Provide a description of the gift or bequest and purpose thereof: Decorative handmade silk pillowcase | January 2, 2019 \$25.00 Date of Gift or Bequest Amount/Value* *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0,00". | | |
| Criteria to use this form: Receipt of any gift or bequest that is received by any department of the statement of Affirmation: Michael Boal affirm that the gift or bequest reported above | ate or received by the Governor on behalf of the state. Is accurate. I further affirm that the information concerning the donor a | | |